Patient Education in Primary Care

Volume 6 Issue 2 October 2002

contents

Welcome to our resource for patient education and primary care![1]

WHAT IS IT?

This newsletter provides a mechanism to help meet the challenges of incorporating effective patient education into primary care.

WHO IS IT FOR?

VA Primary Care Teams, Patient Health Education Coordinators or Patient Health Education Committee chairs, VISN and VAMC decision makers.

Self-Care Books for Veterans

Editor's Note: A number of VA medical centers and VISNs are currently exploring how to help veterans participate more actively in their health care, make good self-management decisions, and use the VA health care system effectively. One popular strategy is to provide self-care books to veterans. In this issue, we are highlighting the activities of three VISNs as they have implemented this strategy.

VISN 22

In 2000, The VA Desert Pacific Healthcare Network approved and funded a recommendation from the VISN Patient Education Workgroup that customized *Healthwise® for Life* self-care books be given to all veterans receiving primary care services at the VISN facilities. The VISN 22 Patient Education Workgroup provided oversight to customize the book, train staff, and distribute the books to the facilities. The *Healthwise® for Life* book was selected because the book:

- emphasizes self-care and shared decision making
- contains easy-to-use information
- is geared for adults ages 50 and older
- addresses more than 200 common health problems

1. This publication may be duplicated. It will be available soon on the VHA Primary Care website at http://www.va.gov/med/patientcare/primary/index.cfm/

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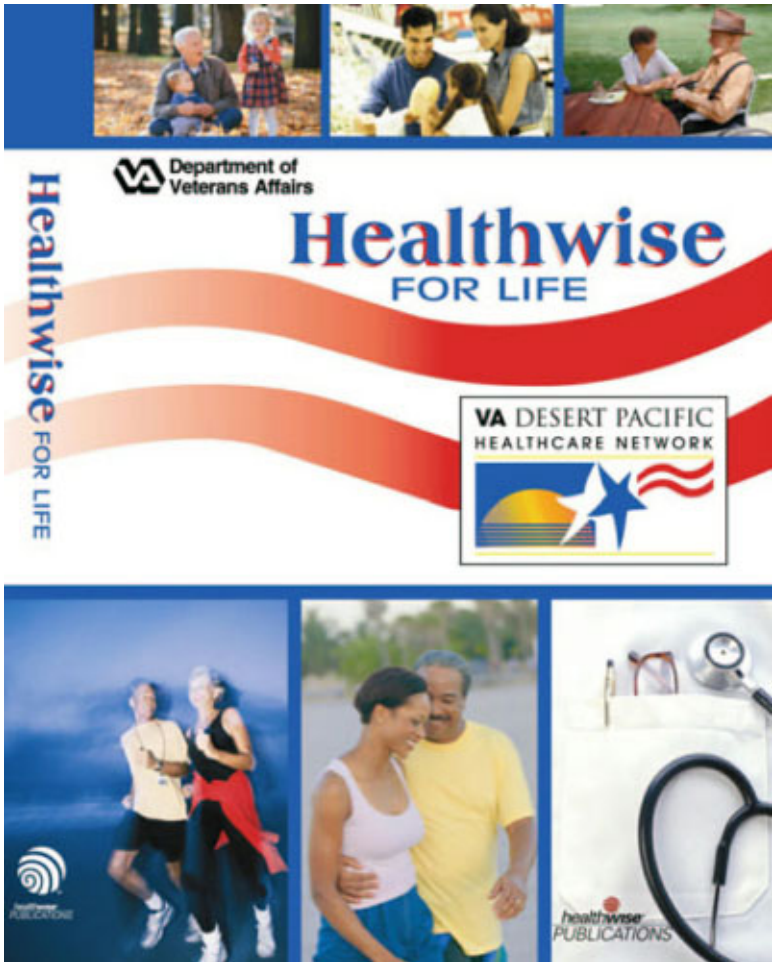
- features large print
- is written at an 8th grade reading level
- contains information in each chapter on prevention, home treatment, and when to call your health provider.



The customized book content includes special veterans' issues and VHA initiatives to improve health. The cover was customized to depict healthy veterans. It portrays the diversity among veterans in the VISN, patriotic images, VA logos, a map of the VISN facilities, and relevant phone numbers. The inside front cover carries a message from the network director.

The project was publicized through brochures and posters in the facilities and articles in the VISN patient and employee newsletters. The Patient Education Workgroup oriented staff to the book and how its distribution would address network and facility goals. They showed staff how to educate patients to use the book and how to document its provision in CPRS using a clinical reminder. The workgroup also developed bookmarks and prescription pads for clinicians so they could highlight sections of the book that would be particularly relevant for individual patients. Patients were encouraged to use this reference at home and to call the telephone care program if they had questions. Nurses from the 24-hour telephone care program also encourage callers to use the book. In April 2001, primary care providers began giving their patients the book during clinic visits and continue to offer the book to new patients. More than 170,000 books have been given to patients so far.

A survey to obtain initial patient feedback was conducted at the San Diego Healthcare System. Results indicated that patients had favorable impressions of the book and intended to use it at home. A follow-up survey of patients conducted throughout the VISN in March, 2002 revealed that:

- 84% read the book since receiving it
- 74% used information from the book
- 63% said the book gave them the information they wanted
- 86% said the information was easy to understand
- 64% said the book helped them take better care of themselves at home
- 59% said they were more active in talking with their providers
- 58% said it helped them talk more easily with their health care providers
- 55% said the book helped them decide if a clinic visit was necessary
- 40% reported saving a trip to the clinic, and
- 39% reported saving a trip to the ER.

In addition, VISN 22 reports that the potential cost savings from reducing unnecessary visits to the clinic or emergency room were significant and more than covered the cost of the books.

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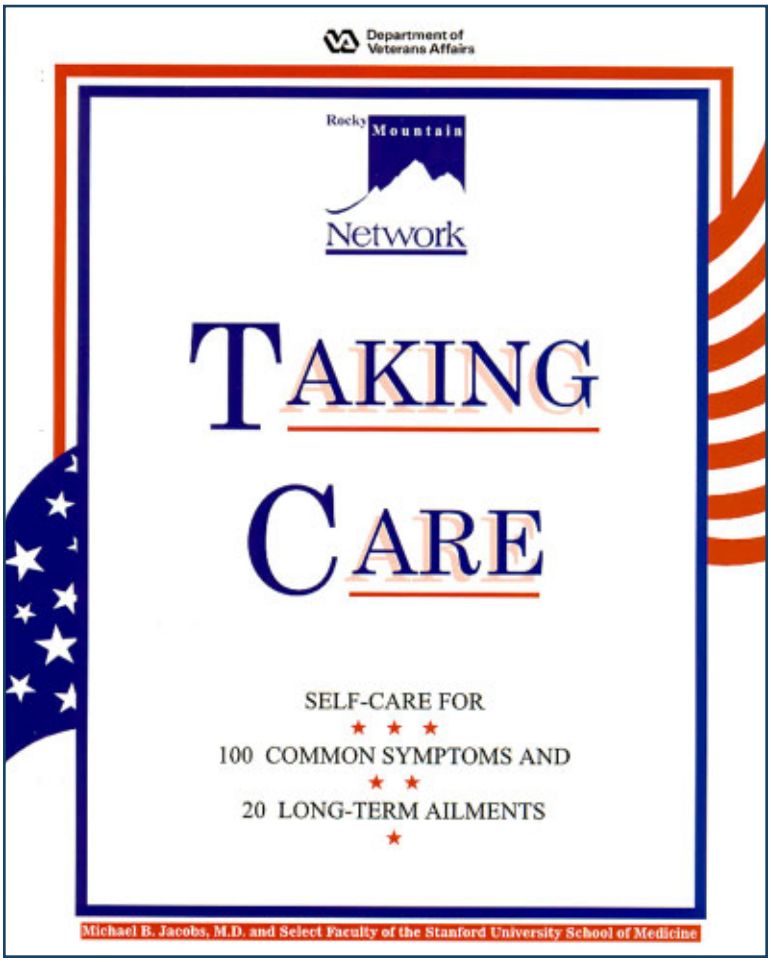
Members of the VISN 22 Patient Education Workgroup include: Linda Reynolds, Loma Linda (Chair); Deborah Batey, San Diego; Laureen Pada, San Diego; Vickie Davy, Las Vegas; Rene Haas, Long Beach; Marilyn Peters, Greater Los Angeles; and Paul West, Greater Los Angeles.

VISN 19



The VA Rocky Mountain Healthcare Network started using the self-care book, *Taking Care*, in 1996. The book was created by Optum, the same vendor the network uses for telephone care. Patients who receive the book are encouraged to call the telephone care staff if they have any questions. Telephone care nurses can refer patients to particular pages of the book during phone consultations.

The book was customized for the VISN to portray veterans and to display VA logos and VISN information relevant to the readers. It also includes an inside cover message from the Chief Medical Officer of the VISN.

The initial purchase included books for all veterans being seen in primary care clinics in VISN facilities. Clinicians continue to give the book to new patients along with instructions on how to use it. They document the intervention in the patient's medical record. New enrollees also receive a letter signed by the VISN Director and a refrigerator magnet with the 800-number of the telephone care program.

Recently the vendor updated the book, so now new enrollees over 50 years of age receive the book, *Taking Care After 50*, which emphasizes health problems most likely to occur in people over 50. This newer book is printed in larger type to make it easier to read.

Every two months, OPTUM sends all veteran enrollees in the VISN a newsletter that includes a VA-related article in each issue. Enrollees receive either the under-age-50 or over-age-50 version of the newsletter. Every two years, OPTUM sends enrollees a refresher postcard describing the telephone care program and the self-care book.

In addition, veterans can dial into OPTUM's audio health library and listen to any of the numerous audio-taped messages on a variety of health topics. After listening to a message, the veteran has the option to speak to a nurse regarding any questions about the information. Veterans can also access OPTUM's website for health information.

Jane Votaw, Nurse Executive at the VAMC in Sheridan, WY, says, "Although we haven't done a formal evaluation of the self-care books, we hear from lots of patients that they really like the book. The telephone care nurses can tell when a veteran has used the book before calling, and that's good."

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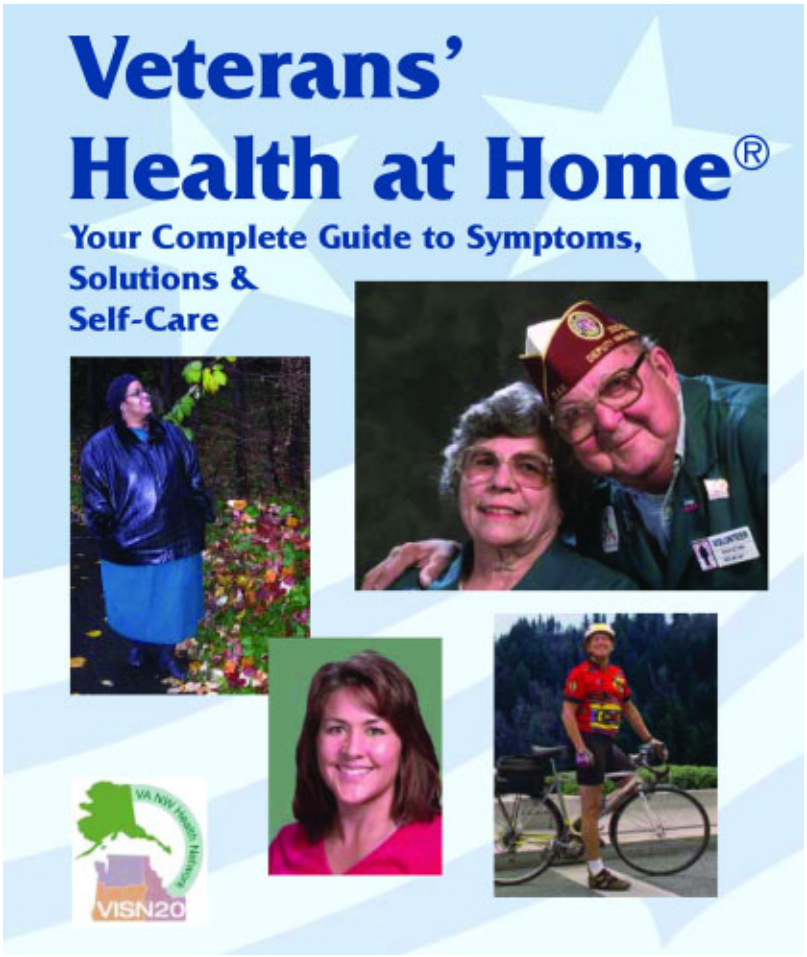
VISN 20

The VA Northwest Healthcare Network will start a pilot program in March 2003 using self-care books from the American Institute of Preventive Medicine. The pilot program is a return-on-investment study to examine the impact of the books on utilization of health care services and on health care costs. Ten percent of the enrolled veterans in the VISN will participate in the study, stratified by proportion of total enrollees at each facility.



The VISN Patient and Family Education Committee initiated the project in an effort to have a standardized resource for patient education that would be available to veterans at all VISN facilities. The book, *Veterans' Health at Home,* was selected because it was acceptable to clinicians at all the VISN facilities. It has been customized for the VISN to include veterans and VA logos on the cover, and new chapters on women's health and on stress and PTSD. The book provides information on over 190 common health problems and emphasizes:

- what is a real medical emergency,
- when to contact a health professional, and
- when and how to treat yourself at home.

During the pilot program, primary care physicians who have volunteered to offer the book to patients in their practice panels will be the source for patients to receive the book. Patients will also receive a pamphlet describing how to use the book. Markers will be placed in the medical records of pilot program participants to document that they have received the book. Clinicians in the VISN will also use the bookmarks and prescription pads developed by VISN 22 but modified for the VISN 20 materials.

Patients who receive the book will be asked to complete a feedback survey to obtain their immediate reactions to the book. Utilization data on these participants will be analyzed for one year prior to receiving the book, and for one year after receiving the book. Specific indicators include: number of calls to the telephone care program, number of visits to the emergency care unit, to primary care and specialty clinics, and number of visits or admissions to other care areas. In addition, patients will be surveyed periodically for self-reports on their health status and their use of the self-care book.

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FEATURES TO LOOK FOR IN SELF-CARE BOOKS

The book should help patients to:

- practice healthy behaviors to prevent illness
- observe symptoms early and take appropriate action
- practice effective self-care at home
- make good decisions about when to seek care
- prepare for clinic visits
- participate in decisions about tests, medications, and treatments
- manage chronic health problems.

Consider these distinctions in self-care materials

- **off-the-shelf**, non-customized materials are intended for anyone in the book's target audience
- **customized covers,** with some customizing of content as well, let the patient know that the materials have been designed with him/her in mind, especially when the customization includes how to access help immediately and how to effectively use the health care services where s/he is enrolled
- **personalized materials,** often in the form of 3-ring binders, are compiled individually for each patient to include personal health history, diagnoses, medications, relevant test results, and self-management information; such binders also include how to contact the patient's health care provider, and how to effectively use health care resources (See the July 2002 issue of this newsletter for a description of personalized materials used in group visits)

Patient Education/Primary Care Program Notes

Patient Education Pamphlet Wins National Award

Members of the PROstate CAncer Screening Education (PROCASE) study, (VA HSR&D funded study #IIR 99277-1, *Facilitating Shared Decision Making about Prostate Cancer Screening*), based at the Minneapolis VA Medical Center, received the 2002 H. Winter Griffith Award for Excellence in Patient Education Materials from the American Academy of Family Physicians and the Society of Teachers of Family Medicine. The winning submission, an informational pamphlet titled, *The PSA Test for Prostate Cancer: Is it Right for ME?*, was developed by the PROCASE team as one of the study's intervention materials and has been used in the Minneapolis VAMC primary care clinic since April 2001.

The team received a commemorative plaque, a cash award of $500, a $300 stipend for travel to the conference where the award was presented, and an award of excellence seal which may be used in advertising and promoting the winning material for three years.

Study Objectives

Since VHA identified counseling and education regarding the need for a PSA as one of the performance measures for its primary care practitioners, clinicians have voiced concerns about finding materials that were

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unbiased and met appropriate patient education standards. They were also concerned about the amount of time required for providing and clarifying the information, and for counseling. It became clear that clinicians and patients required an efficient and effective approach to providing balanced, unbiased information.

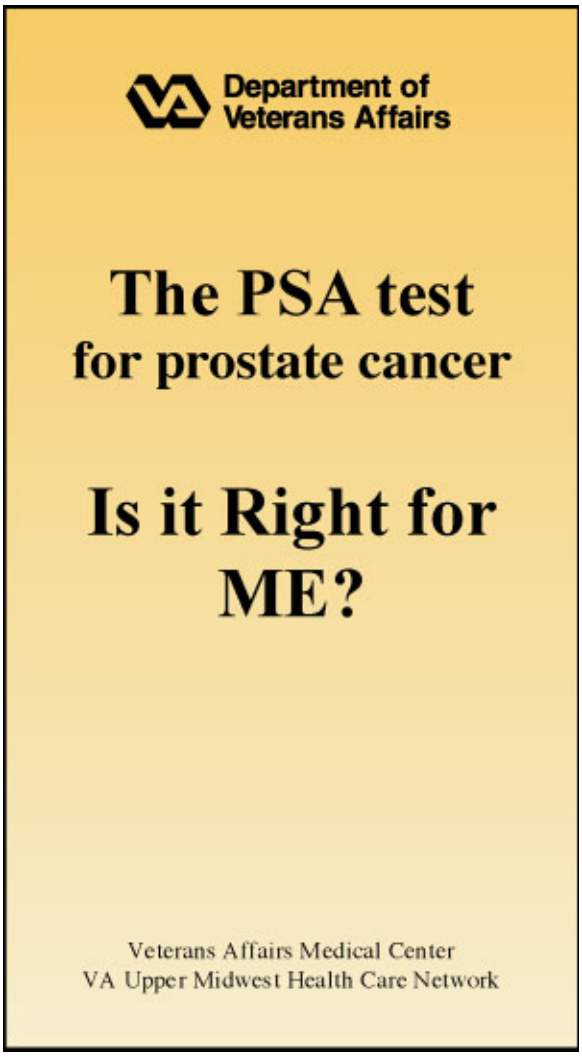
The PROCASE study was undertaken to determine the effectiveness of two different approaches to informing patients about the risk/benefits of prostate cancer (CaP) screening and to enhancing patient participation in decisions about screening. The goal was to provide information that was complete, in compliance with established guidelines, and unbiased—i.e. neither endorsing PSA as a screening tool for CaP nor dissuading veterans from obtaining a PSA as a screening tool. Other considerations were cost of materials and ease of dissemination.

Study Methods

The two educational approaches evaluated in the PROCASE study were a mailed video developed by the Foundation for Informed Medical Decision Making at Dartmouth University Medical School and the mailed informational pamphlet developed for this study. The pamphlet was developed with input from focus groups with veterans aged 50 years and older. The focus groups gathered patient feedback regarding content and design issues, and whether the pamphlet would prompt veterans to talk with their clinicians.

Study participants included 1152 male veterans aged 50 years or older with primary care appointments at VISN 23 facilities in 2001. They were randomly assigned to receive either the mailed video, the mailed pamphlet, or usual care. Intervention materials were mailed two weeks prior to the targeted primary care appointment. A telephone survey of subjects was conducted one week after that appointment.

Outcomes included: a 10-item knowledge index; correct responses to individual questions on CaP natural history, treatment efficacy, predictive value of the PSA test, and expert disagreement about the PSA test; whether screening was discussed with the clinician; and scores on decisional uncertainty, information seeking, participation, and satisfaction scales.



Study Results

Mean scores on the 10-item knowledge index were significantly higher for both video and pamphlet subjects compared to controls. These subjects also reported significantly higher proportions of correct responses than controls to questions on CaP natural history, treatment efficacy, and expert disagreement, but not on the predictive value of the PSA test. Roughly 35% of video, 41% of pamphlet, and 31% of control subjects discussed CaP screening with their clinicians. Video and pamphlet subjects were less uncertain about CaP screening decisions. Pamphlet subjects were significantly more likely than controls to seek information on CaP screening at their last visit, but video subjects were not. Both intervention groups scored higher than controls on the decision making participation scale. There were no differences across groups on the satisfaction with decision scale.

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Both interventions significantly increased CaP screening knowledge and decision making participation. Given comparable effectiveness, the investigators suggest that the lower cost pamphlet may be more attractive to primary care clinics with limited resources to devote to patient education.

The pamphlet has been widely distributed throughout the VA system. It has also been requested and used by hundreds of physicians and health care professionals across the country.

Study Team Members

PROCASE study team members from the Center for Chronic Disease Outcomes Research at the Minneapolis VAMC include: Melissa Partin, PhD, Principal Investigator; Nancy Dillon, RN, PhD, Co-Investigator and Patient Health Education Coordinator at the VAMC; Timothy Wilt, MD, MPH, Co-Investigator; David Nelson, PhD, Co-Investigator; Michelle Haas, BA, Project Coordinator; and Sean Nugent, BA, Project Programmer.

Other study team members include: David Radosevich PhD, Co-Investigator, Division of Health Services Research, School of Public Health, University of Minnesota; Jeremy Holtzman, MD, MS, Co-Investigator, Division of Health Services Research, School of Public Health, University of Minnesota; and Anne Flood, PhD, Co-Investigator, Center for Clinical Evaluation Sciences and Department of Community and Family Medicine, Dartmouth University Medical School.

For further information contact:

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Instant HealthLine Provides On-demand Information

The VA Healthcare Network Upstate New York has created a digital on-demand video delivery system that is used for patient education, staff learning, and service recovery at the point of care. Called *Instant HealthLine*, the system provides easy 24-hour access to a facility's collection of video titles from any telephone and TV or computer in the hospital. The system utilizes twelve channels—eight for patient education, and four for staff education—although staff members can access all channels.

Patient Education Applications

Patients can use the system to view videos, take post-tests after watching videos, or participate in customer service surveys. . The system is available in clinic waiting areas and inpatient rooms. To view a video from an inpatient room, a patient turns on the TV, uses the telephone to dial the system access number, follows the voice prompts to choose the category of video s/he wants to see and the specific video title s/he wants, uses the bedside remote control to select the correct TV channel, then hangs up the telephone. The video appears immediately on the TV. The system automatically records the ID number of the patient assigned to the room with that phone number. Patients simply re-dial the access number to take a post-test or to participate in customer service surveys. They see the questions on the TV screen and hear them through the telephone, then press the appropriate number on the telephone keypad to respond to each question. Staff or family members can assist patients as needed, or staff can dial up the system for the patient from the nurses' station. The system delivers reports directly to a fax machine at the nurses station, or to a network or local printer, to verify that a patient has watched a video, taken a post-test, or a customer service survey.

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Staff Learning Applications

Staff can use the system to view videos, take post-tests after watching videos, or participate in customer service surveys. Staff can access the system from personal computers or from any classroom or conference room in the facility. For individual computer use, the staff member clicks on the desktop icon for the system, enters his/her name, then chooses any video on the system. The video appears as a full-screen image. The staff member merely returns to the start menu to take a post-test or a customer service survey. The system delivers reports directly to a fax machine at the nurses station, or to a network or local printer, to verify that a staff member has watched a video, taken a post-test, or a customer service survey.

Customer Service Recovery Applications

Any customer service survey can be loaded into the system. Instruments can be tailored for each site and for patients or staff. This capability provides an opportunity for immediate service recovery before the patient leaves the facility.

Project Development

The project was started in 2000 and will be operational in all six medical centers in the VISN by February 2003. The project, under the direction of Diane Wonch, VISN Patient Education Director, has been a coordinated effort with VISN and facility managers, the network's education, patient education, and customer service councils, and administrative support staff. The Employee Education System helped fund some of the infrastructure enhancements needed to support the system. "We won the Under Secretary for Health's Innovation Award for this project," says Dr. Wonch. "We labeled our submission a journey toward an integrated system because that's what it's been. A lot of people throughout the VISN were involved in designing and implementing this project. It couldn't have been done by any one group."

Plans for the Future

The vendor, SVI, Inc. is currently working with the Albuquerque VAMC, another site that uses the on-demand video system, on an interface with the VHA computerized patient record system so that patient education uses of the system can automatically be documented in CPRS. "We're also hoping to develop automatic record keeping with the TEMPO system for staff education uses of the system," says Dr. Wonch. "At the Buffalo VAMC, we've added another server to capture satellite programs from the VA Knowledge Network so they can be shown again on the staff channels as needed. We plan to expand that capability to all VISN sites as soon as possible," she added.

For further information contact:

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How Do We Know Patient Education Works?

Health Literacy and Diabetes Outcomes

This cross-sectional observational study was designed to examine the association between health literacy and diabetes outcomes among patients with Type 2 diabetes. Participants included 408 English- and Spanish-speaking patients who were older than 30 years from two primary care clinics of a university-affiliated public hospital in San Francisco.

The short-form of the Test of Functional Literacy in Adults was used to assess literacy. Outcome measures included hemoglobin A(1c) levels, classified as tight glycemic control if lab values were in the lowest quartile, or poor control if in the highest quartile. Self-reported diabetes complications were also measured.

Data were adjusted for patient sociodemographic characteristics, depressive symptoms, social support, treatment regimen, and years with diabetes. The investigators found that for each 1-point decrement in literacy test score, HbA(1c) value increased significantly. Patients with inadequate health literacy were significantly less likely than patients with adequate health literacy to achieve tight glycemic control. Patients with inadequate health literacy were also more likely to have poor glycemic control and to report having retinopathy.

The authors recommend efforts to develop and evaluate interventions to improve diabetes outcomes among patients with inadequate health literacy.

Schillinger D, Grumbach K, Piette J, Wang F, et al. (2002) Association of health literacy with diabetes outcomes. JAMA 288(4):475-82.

Presenting Risks and Benefits to Patients

The purpose of this study was to examine whether patients are influenced by the order in which they learn of a treatment's risks and benefits and whether this result is affected by the treatment's associated risks and benefits.

Participants aged 18-70 years in waiting rooms of primary care physicians at an academic health center (N=685) were randomized to review one of six medical treatment information brochures presenting one of three treatments for symptomatic carotid artery disease. There were two brochures for each treatment; in one version patients received information about risk before benefit, and in the other version patients received information about benefit before risk. The first treatment, aspirin, was low-risk/low-benefit; the second treatment, carotid endarterectomy surgery, was high-risk/high-benefit; and the third treatment, extracranial-to-intracranial bypass surgery, was high-risk but of unknown benefit. Participants were asked to rate the favorability of the treatment on a scale of 0 to 100 and whether they would consent to it. They also rated how much their decisions were influenced by the risk and benefit information.

Participants evaluating aspirin therapy were influenced by the order of the risk/benefit information and were less likely to consent to it. Those learning about risks after benefits had a significantly greater drop in their favorability ratings than did participants who learned about risks first. When participants were influenced by the order of the risk/benefit information, they reported that the treatment's risk had less influence on their

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decision making. Participants evaluating the other two treatments were not influenced by the order of the risk/benefit information.

The authors conclude that when patients are evaluating low-risk treatments, they may form less favorable impressions of the treatment and be less likely to consent to it when they learn about the risks after the benefits.

Bergus GR, Levin IP, Elstein AS. (2002) Presenting risks and benefits to patients. Journal of General Internal Medicine, 17(8):612-17.

Planning End-of-Life Care

This randomized trial was undertaken to evaluate the short-term clinical utility of early advance care planning. Sixteen ambulatory geriatric patients were randomized to either a control group which received only a Massachusetts Health Care Proxy form to complete, or an intervention group in which each patient and his/her health care agent discussed advance care planning with a trained nurse facilitator. The benefits and burdens of life-sustaining treatments were discussed. Patient goals and preferences for these treatments were documented.

At two-month follow-up, investigators found that patients and their health care agents in the intervention group had more congruence in their understanding of patients' end-of-life care preferences (76% in complete agreement) compared to patients in the control group (55% in complete agreement). Intervention patients had greater knowledge about advance care planning, were less willing to undergo life-sustaining treatments for a new serious medical problem, were more willing to undergo such treatments for an incurable progressive disease, and were less willing to tolerate poor health states.

The authors encourage facilitated discussion about end-of-life care between patients and their health care agents to help define and document the patient's wishes for both the patient and the agent.

Schwartz CE, Wheeler HB, Hammes B, Basque N, et al. (2002) Early intervention in planning end-of-life care with ambulatory geriatric patients: Results of a pilot trial. Archives of Internal Medicine, 162(14):1611-18.

Nutrition and Exercise Counseling for Medical Outpatients with Mental Disorders

This cross-sectional study combining chart-review data and administrative database records at 147 VA medical centers across the country was conducted to examine the relationship between mental disorders and the likelihood of receiving recommended nutrition and exercise counseling. The sample included 90,240 patients with obesity and/or hypertension who had three or more outpatient visits in the previous year.

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Outcomes of interest were chart-documented receipt of nutrition counseling and exercise counseling in the past two years. The chart information was merged with VA inpatient and outpatient administrative databases in order to identify patients with diagnosed mental disorders.

Investigators found that most patients received nutrition counseling (90.4%), exercise counseling (88.5%), and counseling for both (85.7%) in the past two years. Rates of counseling differed significantly but modestly by mental health status. The lowest rates were found among patients with diagnoses of co-morbid psychiatric and substance use disorders, but the size of the disparities was small. The results did not change after controlling for demographics, health status, and facility characteristics.

The authors conclude that rates of nutrition and exercise counseling were high among active VA medical patients, and that diagnosis of mental illness was not a substantial barrier to nutrition and exercise counseling at VA medical centers.

Desai MM, Rosenheck RA, Druss BG, Perlin JB. (2002) Receipt of nutrition and exercise counseling among medical outpatients with psychiatric and substance use disorders. Journal of General Internal Medicine, 17(7):556-60.

Performance Improvement Training

Every quarter, *Patient Education in Primary Care* will offer the opportunity to earn one hour of performance improvement training credit for a patient education topic of importance to primary care clinicians. To earn this credit, choose one of the following two options:

Read the entire October 2002 newsletter and provide brief answers to the questions below. Turn these in to your supervisor along with a copy of the newsletter

OR

Organize a one-hour brown bag journal club or set aside time during a staff or team meeting to read the newsletter and discuss the questions below. Turn in a master list of participants along with a copy of the newsletter.

Questions:

1. *Do you think self-care books would be a good strategy for patient education at your facility? What factors would affect the provision of self-care books to patients at your facility? What suggestions would you make to address these factors?*
2. *How do clinicians at your facility explore the topic of prostate cancer screening with patients? What materials are available to staff and patients to support this dialogue?*
3. *In what areas has your facility used technology such as on-demand video to support and enhance patient education activities? How might these efforts be expanded?*

DO YOU HAVE ANY SUCCESSFUL PATIENT EDUCATION STRATEGIES THAT YOU WOULD LIKE TO SHARE WITH US?

Contact any of the following with your input:

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Coming in JANUARY:

Three patient education initiatives were submitted by the Department of Veterans Affairs to the Department of Health & Human Services in response to White House Executive Order 13266, Activities to Promote Personal Fitness (also referred to as HealthierUS).

PATIENT HEALTH EDUCATION IN PRIMARY CARE TASK FORCE:

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This newsletter is transmitted electronically to VHA staff. To add colleagues to the distribution list, contact your local patient education coordinator or committee chairperson.

Employee Education System

Office of Primary and Ambulatory Care